I volunteer with an organization that serves people from Sierra Leone, Liberia and Guinea. I am worried about getting Ebola.

It is normal to feel anxious or worried about coming in contact with people who have recently returned from countries where the Ebola epidemic is ongoing.

The risk of getting Ebola in the United States is very low, even when working with West African communities in the United States.

On September 30, CDC confirmed the first case of Ebola to be diagnosed in the United States in a person who had traveled from Liberia to Dallas, Texas. Two healthcare workers who cared for the first case (index patient) have contracted Ebola, and CDC is working with Texas state, local, and hospital health authorities to investigate how this occurred.

West Africans and West African communities in the United States may be facing stigma.

West Africans and West Africa communities in the United States may face stigma because the current Ebola outbreak is associated with a region of the world.

Stigma involves stereotyping and discriminating against an identifiable group of people, a place, or a nation.

- Stigma can occur when people associate an infectious disease, such as Ebola, with a population, even though not everyone in that population or from that region is specifically at risk for the disease (for example, West Africans living in the United States).
- Communities facing stigma can make fear and anxiety worsen.

Get the Facts on Ebola: www.cdc.gov/ebola
People of West African (Sierra Leone, Liberia, and Guinea) descent are not at more risk than other Americans if they have not recently traveled to the region.

- Remember, ethnic or racial backgrounds have nothing to do with getting infected with the Ebola virus.
- Viruses like Ebola can’t target a particular population.

A person who does not have Ebola symptoms cannot spread the disease.

Ebola can only be spread by direct contact with blood or body fluids of a person who is sick with Ebola or with objects like needles that have been contaminated with the virus.

People who have recently returned from West Africa (Sierra Leone, Liberia, and Guinea) and have no symptoms of Ebola do not put others at risk.

- Countries in West Africa are screening at airports to help ensure that people sick with Ebola do not get on planes.
- CDC is implementing enhanced entry screening at five U.S. airports that receive over 94% of travelers from Guinea, Liberia, and Sierra Leone.
- CDC recommends that all travelers who have been to Sierra Leone, Liberia, or Guinea monitor their health for 21 days after returning from these countries and seek medical attention if they develop symptoms (fever, headache, fatigue diarrhea, vomiting, stomach pain, muscle pain, unexplained bleeding or bruising) of Ebola during this period.
- Unless travelers were exposed to Ebola on their trip, there is no public health reason to take additional precautions.
- Even if travelers were exposed, they cannot spread the disease unless they have symptoms.

You don’t need to take any additional special precautions or wear any personal protection while volunteering for West African communities in the United States.

- Follow your normal volunteer procedures.
- If you don’t normally wear personal protection equipment (gloves, mask) when volunteering, you don’t need to take any special precautions.
- Follow your normal “stay healthy” routine.
  - Wash your hands with soap and water or an alcohol-based hand sanitizer.
  - Do NOT handle items that may have come in contact a person’s blood or body fluids.

If you come across someone who is from or has just returned from West Africa (Sierra Leone, Liberia, or Guinea) and is sick, immediately contact your volunteer organization. If appropriate, urge them to seek medical care. If there is any chance that someone has been exposed to Ebola and is sick, they should immediately call 9-1-1. Tell the operator about the possible Ebola exposure.

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